



APPLICATION FOR SCHOLARSHIP
Please fill out completely and legible to be considered

Information collected on this form is for Graduate School, USDA use only. All information is provided within provisions established by the Family Rights and Privacy Act as amended in 1995. The Graduate School, USDA, will not make public personally identifiable information regarding applicants from its records without written consent of the applicant.

Name _____ SS# _____

Home Address _____

Home Telephone # _____ Work Telephone # _____

Number of Household Dependents _____ Combined Household Income _____

Name and Address of Employer _____

Present Position/Title _____

Name and course number of class to be taken if scholarship is granted _____

In which certificate program or planned course of study are you enrolled? _____

Please attach your anticipated plan of study including classes that you have already taken.

Scholarships are based on financial need. Please provide a brief explanation as to why you are requesting a scholarship. Include any pertinent attachments.

Signature _____ Date _____

Deadlines for receipt of application are: **February 1, for spring or summer** quarter scholarship, by **August, 1 for the fall** quarter, and by **November 1, for the winter** quarter. Applications not received by these date will not be considered until the next quarter.

SEND TO:

(US Mail only)

Graduate School, USDA
Certificate Counselor
600 Maryland Avenue, S.W., Suite 120
Washington, DC 20250

Questions? Contact:

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